



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Fujioka	Carolyn		(808) 523-1178
MAILING ADDRESS (Street)			FAX
1001 Bishop Street, Pacific Tower, Ste. 770			(808) 599-7796
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

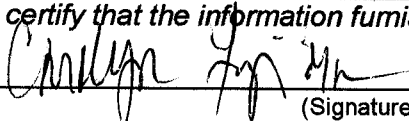
	TELEPHONE
State Farm Insurance Companies	(808) 523-1178
MAILING ADDRESS (Street)	FAX
1001 Bishop Street, Pacific Tower, Ste. 770	(808) 599-7796
(City)	(State)
Honolulu	Hawaii
(Zip Code)	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Martin Erwin	(916) 321-6926
MAILING ADDRESS (Street)	FAX
1201 K. Street, Ste. 920	(916) 321-6905
(City)	(State)
Sacramento	CA
(Zip Code)	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

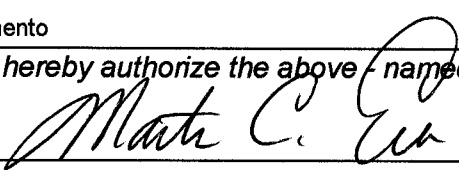
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/27/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Martin Erwin		State Farm Counsel	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
State Farm Insurance Companies		(916) 321-6926	
MAILING ADDRESS (Street)		FAX	
1201 K. Street, Ste. 920		(916) 321-6905	
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
<i>I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.</i>			
		2/3/03	
(Signature of Authorizing Officer or Person Represented)		(Date)	